



## Tuition Payment Policy

Effective October 1, 20218

There are 2 options for paying your child (ren)'s tuition. You can pay monthly or weekly. Below are the two options for payment as well as the new policy on payment and late fees. Families must choose one of these options and cannot switch back and forth between different varieties of payment plans during the year. If you have any questions or concerns, or if an unforeseen circumstance happens, please contact Dawn Moretti at [dmoretti@woodbridgechildcenter.com](mailto:dmoretti@woodbridgechildcenter.com).

### **Monthly Payments:**

Monthly tuition payment is due by the 1<sup>st</sup> of each month prior to the month of childcare services.

After a grace period of 5 business days, a \$50.00 late fee will be added to your past due payment.

Additionally, if the tuition payment including the late fee is not received in full by 5 business days after the payment was due, your childcare services will be suspended until payment is received.

Should your tuition and late fee payments not be received by the last day of the month, your enrollment and deposit may be forfeited.

Please note that your monthly tuition amount will change during a month with 5 weeks and this will be noted on your monthly invoice when it occurs.

### **Weekly Payments:**

Weekly tuition payments are due each Friday prior to the week of childcare service.

If payment is not received by the Wednesday of the week of childcare, a \$10 late fee will be added to your past due amount.

You will be required to pay the past due tuition and the \$10 late fee by the end of the week or your childcare services will be suspended until payment is received.

Should your tuition and late fee payments be overdue for 2 weeks, your enrollment spot and deposit may be forfeited.

WOODBIDGE CHILD CENTER, INC.  
4 MEETINGHOUSE LANE WOODBRIDGE, CT 06525 203-389-9118

REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_  
Last First Middle  
ADDRESS: \_\_\_\_\_  
Street City Zip  
DATE OF BIRTH: \_\_\_\_\_ Nick-Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City Zip  
Occupation: \_\_\_\_\_  
Work: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City Zip  
Occupation: \_\_\_\_\_  
Work: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Siblings' Names & Dates of Birth: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip

Other local responsible person (16yrs. or older) approved to pick up your child, with permission  
Must show identification at pick up  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City Zip  
Phones: \_\_\_\_\_  
Home Work Cell

WOODBIDGE CHILD CENTER, INC.

4 MEETINGHOUSE LANE, WOODBRIDGE, CT 06525

203-389-9118

### EMERGENCY MEDICAL PERMISSION FORM

I hereby authorize emergency medical care for my child \_\_\_\_\_  
During attendance at the Woodbridge Child Center, Inc. if, in the judgment of the WCC staff, treatment is required for an illness or injury. Immediate parent notification will be attempted. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip

Parent's Health Plan \_\_\_\_\_ Phone: \_\_\_\_\_  
Company \_\_\_\_\_  
Street City Zip  
Policy Holder \_\_\_\_\_ Plan Number: \_\_\_\_\_  
Parent's Health Plan \_\_\_\_\_ Phone: \_\_\_\_\_  
Company \_\_\_\_\_  
Street City Zip  
Policy Holder \_\_\_\_\_ Plan Number: \_\_\_\_\_

Child's Primary Plan: \_\_\_\_\_  
Does this health plan need to be contacted prior to treatment being provided? Yes \_\_\_ No \_\_\_  
How should the plan be contacted? \_\_\_\_\_

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Woodbridge child Center, Inc. staff to call an emergency vehicle and have my child taken to the nearest hospital. A WCC staff will accompany your child.

Any expenses, incurred by transporting and/or treating my child, are my responsibility.

\_\_\_\_\_  
Parent/Guardian Signature Date

e-mail address: \_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent or second emergency contact person Phone

e-mail address: \_\_\_\_\_

WOODBIDGE CHILD CENTER, INC.

4 MEETINGHOUSE LANE

WOODBIDGE, CT 06525

203-389-9118

### PERMISSIONS

I understand that our **nurse consultant** will review health records as well as keeping me informed when my child's physical or additional immunizations, required by the State of CT Health Department, are due. I also realize that I may use her as a resource to any health concerns I may have. Our nurse consultant will also provide: information on community health concerns; review physician's health plans and write individual health plans for children with allergies or chronic illness that the teachers must follow. The Department of Public Health Licensing might monitor your records.

The Director will review your family's and child's information. Your child's teacher will have access to some portions of your child's record, permissions, medical plans and past educational assessments.

Parent /Guardian Signature \_\_\_\_\_

---

### WALKING FIELD TRIP PERMISSION FORM

My child, \_\_\_\_\_, has permission to take nature walks; on the grounds surrounding the Woodbridge Child Center, Inc. (WCC), on the nature trail behind Town Hall, on the path to the Hitchcock Park, and to go to the Woodbridge Library accompanied by WCC Staff.

Parent/Guardian Signature \_\_\_\_\_

---

### PERMISSION TO TAKE PICTURES

I hereby give permission for my child's picture to be taken and displayed in the Center.

Child's name: \_\_\_\_\_.

- Permission for Center use only
- Permission for Center and projects, newspaper articles or display

Parent/Guardian Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Teacher: \_\_\_\_\_

Dated: \_\_\_\_\_

WOODBIDGE CHILD CENTER, INC.

4 MEETINGHOUSE LANE . . . . . WOODBRIDGE, CT 06525

203-389-9118

EMERGENCY RELEASE AUTHORIZATION

This release is designed to protect the children at Woodbridge Child Center, Inc. from being picked up by an unauthorized person. The parent or legal guardian must complete this form and return it to the Executive Director of Woodbridge Child Center, Inc.

Prior to a child's release to the authorized person, the parent must notify the Director and classroom teachers that s/he will not be picking up the child that day. You are required to provide a photograph or driver's license number of any person authorized by you to come for your child. Anyone authorized to pick up a child at the Woodbridge Child Center, Inc. will be asked to show some identification. All parents must supply at least two emergency contacts.

NO CHILD WILL BE RELEASED WITHOUT THE INDIVIDUAL SHOWING IDENTIFICATION AND THE TEACHER CHECKING THE RELEASE FORM.

\*\*NO EXCEPTIONS WILL BE MADE.\*\*

DAYTIME PHONE NUMBERS FOR PARENTS / GUARDIANS

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Where is this? \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Where is this? \_\_\_\_\_

Authorized person (other than parent or guardian) to pick the child up from WCC, Inc.:

Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_

Address: \_\_\_\_\_ Phone(W): \_\_\_\_\_

Relation to the child: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_

Address: \_\_\_\_\_ Phone(W): \_\_\_\_\_

Relation to the child: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_

Address: \_\_\_\_\_ Phone(W): \_\_\_\_\_

Relation to the child: \_\_\_\_\_ License #: \_\_\_\_\_

Each of the above individuals is authorized to remove my child from the Woodbridge Child Center, Inc. with verbal permission from me.

PARENT / GUAREIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

CHILD INFORMATION

Child's name: \_\_\_\_\_  
last first middle

HEALTH:

known allergies: \_\_\_\_\_

medication taken regularly: \_\_\_\_\_

has your child had:

ear infections: \_\_\_\_\_ colds: \_\_\_\_\_

bronchiolitis: \_\_\_\_\_ mumps: \_\_\_\_\_

bronchitis: \_\_\_\_\_ measles: \_\_\_\_\_

fifth disease: \_\_\_\_\_ rubella: \_\_\_\_\_

chicken pox: \_\_\_\_\_ asthma: \_\_\_\_\_

other: \_\_\_\_\_

Please describe the general health of your child: \_\_\_\_\_

NUTRITION - INFANTS:

Are you nursing your child? yes \_\_\_ no \_\_\_

If no, formula used: \_\_\_\_\_

Does your child eat solid foods? yes \_\_\_ no \_\_\_

NUTRITION - TODDLERS & PRESCHOOLERS:

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

OTHER: Favorite toy, blanket, animal? \_\_\_\_\_

SPECIAL NEEDS & CONCERNS: \_\_\_\_\_

SUBJECT TO AVAILABILITY, DAYS AND TIMES YOU WISH YOUR CHILD TO ATTEND?

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child's Health and Safety Information

It is vital to maintain your child's health and safety information that WCC has on file. This would include but not limited to : custody issues, addresses, phone numbers both business and work, immunizations, emails, emergency pick-ups and their phone numbers, physician and dentist phone numbers and updated special medication forms.

For your convenience, each classroom will have a folder with an update "information form" which you should fill out as soon as possible when your family information has changed. This form must be signed and dated to maintain accuracy and validity. You may hand this form to the teacher or for confidentiality put in the office payment box.

Your child's records are kept in the office and are confidential but are immediately available to the following authorities: director, parents or legal guardian and regulatory authorities (DCF, Dept. of Health Licensing Unit) on request. Regulatory agents are only looking to assure that your child is safe and that are files are maintained.

The nurse consultant is only looking at health records.

Children's teacher will have access to emergency information, phone numbers, Child or infant Information sheet, Authorization for Pick Up, Cultural Sheet and Administration of Medication forms (if they are certified).

An announcement will be sent out quarterly to verify whether your child's information is still current.

If there are no changes, check the box "no changes", sign and date and hand in.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WOODBIDGE CHILD CENTER  
Family Cultural History

The following information is for enhancing your child's experience by adding to our curriculum: stories, pictures, music, games or food reflecting your culture and ethnic background. Through these activities children learn that sharing gives a special richness to being a friend. This form is optional either in total or partial.

Child's Full Name: \_\_\_\_\_

Family Culture is: \_\_\_\_\_

Language other than English spoken at home is: \_\_\_\_\_

Would you share some words that we could use in the classroom?

Foods that we could make or adapt to our classroom: \_\_\_\_\_

Songs you sing to your child: \_\_\_\_\_

Specific singer or musician:

Favorite stories, nursery rhymes: \_\_\_\_\_

Specific cultural ideas around child rearing practices: \_\_\_\_\_

Feeding:

Sleeping:

Concerns:

National colors: \_\_\_\_\_

Celebrations Observed: \_\_\_\_\_

Family historical events: \_\_\_\_\_

Space to write whatever else you want to share:

Your Family Cultural is a part of your family history/family story, and it is important to preserve. You are also welcome to visit with our children to share your stories, music, foods or events. Speak with your child's teacher to set up a time.



## BEHAVIORAL MANAGEMENT PLAN

### PURPOSE

To insure that a humane and fair process is correctly implemented for disciplining children and that children's behavior is managed using techniques based on developmentally appropriate practice, consistent with the child's age and ability.

### PROVISIONS

1.0 In all circumstances, WCC's position with regard to discipline is that it is the behavior, and not the child, which is unacceptable. Redirection and engaging the child in appropriate activity is the primary tool to manage behavior. If necessary a child may be removed away from the situation or cooling off period for children age 2 and over, equivalent in length to the child's age in years (i.e. no more than 2 min. for a 2 year old). In no case may a toddler be strapped into a chair for a time out. A teacher must always be able to see the child and provide assistance if necessary. If the child is crying the teacher must check in with him.

2.0 All disciplinary actions will be undertaken in a positive and constructive manner designed to correct the situation and never humiliate or threaten the child.

- a. No physical or emotional abuse is tolerated in any situation. A positive, encouraging tone is to be used.
- b. Teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline

### PROCEDURES

c. Techniques used to manage child behaviors will be discussed with parents prior to enrollment. **This must be documented.**

3.0 WCC staff will encourage children to work out their problems by correcting the behavior, explaining what behavior is acceptable and helping the children to cooperate with each other by redirecting their frustration.

4.0 WCC staff will comfort both the victim and the perpetrator by getting the perpetrator to help comfort the victim.

5.0 A teacher will always talk with the child in a calm manner that helps the child learn why their behavior was unacceptable. This is a learning situation for the child.

6.0 A teacher will attempt to understand the reason(s) that prompted the child's unacceptable behavior.

7.0 A teacher will bring incidents to the attention of the offending child's family, requesting support from the family in ensuring there is no repeat of the unacceptable behavior.

8.0 WCC's behavior management techniques will be reviewed annual.

9.0 Staff will receive training in behavior management techniques, developmentally appropriate practice as well as documentation of observations. Training may occur individually with the director, at classroom meetings or in a group workshop.

10.0 Children's behavior will be managed using techniques based on **developmentally appropriate** practice and an understanding of reasonable expectations based on the child's age and abilities.

11.0 When a child has continuous challenging behaviors, an individualized plan of action that supports the child's inclusion and success will be developed prior to meeting with the family. A conference with the parent(s) will be held if the plan needs support or additional suggestions. With the parents' decision and permission support services will be offered.

12.0 Expulsion of a child is a **last resort** and is considered only when all other techniques for managing difficult behaviors have been applied without correcting a behavior that is a danger to the child, to other children and staff (see Parent Handbook). Prior to expulsion the Board will review and make final decisions. A record of the expulsion will be maintained by the Board of Directors and Exec. Director.

I acknowledge that I have discussed, received and read the Woodbridge Child Center's policy on Behavior Management.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent (guardian) Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Teacher/Director Signature  
required if verbally explained to the parent

Date: \_\_\_\_\_

Parent/Guardian Authorization for the Administration of  
Non-Prescription Topical Medications by Child Care Personnel

To Child Care Personnel:

I hereby request that the following non-prescription topical medications be administered to my child by a child care staff member of the \_\_\_\_\_.

(Name of child day care program)

I understand that I must supply the child care program with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Diaper changing or other ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Teething, gum, or lip medications

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

Reason medication is being administered: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**I have administered at least one dose of the above medication to my child without adverse side effects.**

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Staff to complete:

Parent authorization form and medication received by: \_\_\_\_\_  
(Signature of staff)

Medication Started: \_\_\_\_\_ (date and time)

Medication Ended: \_\_\_\_\_ (date and time)

Parent permission and medication administration record shall become part of the child's health record when the medication has ended.



## Photo Release Form

Student Name: \_\_\_\_\_

Please select below whether or not you give permission for your child's picture to be posted on our school website and social media account (Facebook).

Your child's personal information will never be shared.

I give permission for my child's picture to be posted on our school website or social media page

I do not give permission for my child's picture to be posted on our school website or social media page

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Connecticut 211 Child Development

Supporting children's healthy growth and development, starting from pregnancy

**800-505-7000**  
**cdi.211ct.org**

## GATEWAY FOR HELP: For Pregnant Women, Children and their Families and Providers



### **Help Me Grow:**

*For families with questions about their child's development or behavior*

- Free developmental screening program to monitor a child's development from birth to age 5, via Sparkler, online or mailed questionnaire (ASQ). Access on-line at [cdi.211ct.org/program/ages-and-stages/](http://cdi.211ct.org/program/ages-and-stages/)
- Information about children's typical development and behavior
- Connections to community based programs and services
- Connects community providers with networking and training opportunities



### **In-Home Family Support Services:**

*For pregnant women and families of young children who could benefit from in-home support services that promote positive parenting and healthy development*

- Pregnancy related information
- Linkages to health care, childbirth education, nutritional supports and other basic needs
- Intensive support for parenting and healthy child development
- Connections to in-home programs and other community services



### **Connecticut Birth to Three System:**

*For families of infants and toddlers with significant developmental delays or disabilities*

- Developmental evaluation provided at no cost for children suspected of having a delay
- If the child meets the criteria for delay:
  - Family provided an individualized plan of services and supports
  - Guidance for families to teach the child age-appropriate skills during daily routines
  - Coordination of supports and referrals to community resources



### **Early Childhood Special Education:**

*For children who need special education services*

- Information on how to make a referral or connect to local school district
- Developmental evaluation provided by the school district staff if there are concerns
- Eligibility based upon an evaluation
- If eligible, special education and related services are identified on an individualized educational program (IEP)



### **Children and Youth with Special Health Care Needs:**

*For children and youth with chronic physical, developmental, behavioral, or emotional conditions who require more health and related services than other children the same age*

- Service needs assessment
- Family Caregiver Support
- Respite Planning
- Links to Medical Home Initiative
- Referrals to community based resources
- Transition Planning
- Regional Community Care Coordinators meetings

